

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | NAME | ID NO. | DATE     |
|---------------------------|------|--------|----------|
| FEE DETERMINATION         |      |        |          |
| O.I.P.E. CLASSIFIER       |      | 49     | 2/2/01   |
| FORMALITY REVIEW          | C.T. | 936    | 02/26/01 |
| RESPONSE FORMALITY REVIEW | 1/10 | 907    | 6-5-01   |

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)..... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

| Claim          | Date     |
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| Final Original |          |
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| Claim          | Date |
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| Claim          | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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